MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/556544 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6							56						
7		1					57						
8		1					58						
9		1					59						
10							60						
11		1					61						
12		1					62						
13	1						63						
14							64						
15	1						65						
16							66						
17							67						
18							68						
19							69						
20	1						70						
21	1						71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	⬇		⬇		⬇	**TOTAL IND.**		⬇		⬇		⬇
TOTAL DEP.	16	⬅		⬅		⬅	**TOTAL DEP.**		⬅		⬅		⬅
TOTAL CLAIMS	21						**TOTAL CLAIMS**						